

**BLOFIELD & FLEGG
RURAL DISTRICT COUNCIL**

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
including the report of the Chief Public Health Inspector
for the
YEAR 1971

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PUBLIC HEALTH DEPARTMENT 1971

Medical Officer of Health:

DR. G. R. HOLTBY, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Chief Public Health Inspector:

G. A. WEBB, M.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:

H. R. C. STRANGE, M.A.P.H.I.

Additional Inspectors:

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Council Offices,
Acle,
Norwich,
NOR 61Z.

TO: The Chairman and Members of the
Blofield and Flegg Rural District
Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1971. The Registrar General estimated the mid-year population as 43,340 compared with 44,360 last year. There were 653 live births and 592 deaths, giving a natural increase of 61. This suggests that there was a movement out of the district of 1,081 people. It must be remembered, however, that there was a national census in the Spring of 1971 which may have affected the estimate.

The birth rate was 18.7 per thousand population, and the death 10.1. The infant mortality rate (deaths under one year per thousand total live births) was 18, the neonatal death rate (first four weeks) 14, and the early neonatal (first week) 11 per thousand.

In spite of all the problems which are obvious when we read a newspaper or watch any television news, there is no doubt that from a health point of view, as well as probably from a political one, we do indeed live in "blessed isles" and here in this part of Norfolk the blessings are very great. We have fresh air (sometimes very fresh), an eminently healthy environment and a stronghold - one of the last - of that wild life without which man, thrust closer and closer to his neighbours in over populated areas, cannot maintain a happy, healthy life.

Nevertheless, everyone has problems of some sort. Some of them are comparatively trivial, some very serious. We cannot yet say that we have banished despair from our territory, but modern medicine can do a great deal to cure or alleviate illness and preventive medicine already does something and could do much more to prevent disease and disability. Technically, there are said to be three forms of prevention - primary, when disease is completely prevented as by immunisation; secondary, when deviation from normality is discovered as early as possible; and tertiary, when disability is alleviated and prevented from becoming worse.

Measles still occurs, sometimes with complications and occasionally with death. If immunisation were given to all susceptible children, there need be no cases.

Tetanus is now an eminently preventable disease. Those people who have had a primary course of three injections followed by a booster after five years, and another after another five years are well protected, and the disease is rare in those who have had any immunisation, even many years ago. Yet in 1970 there were 23 deaths in England from tetanus. The moral is obvious.

Anyone who has not had tetanus immunisation (which does not include the serum which is used to give protection for six weeks) should arrange to have immunisation. This is painless and unlike the old serum, harmless. It does not cause anaphylactic shock.

Children who have been through the modern system of infant and school injections may be considered safe.

An example of secondary prevention is the testing of hearing which we do in that part of our time devoted to work for the County Council. Babies are not able to locate sounds in space, that is they will not turn directly towards a sound, until seven months of age. At that age, they are tested by health visitors and a few by doctors and if there is any doubt about the hearing, they are referred for specialist advice after consultation with the family doctors.

School children are also tested soon after school entry by more sophisticated apparatus, the pure tone audiometer. "Screening" is done by the school nurse and any children who fail the screening test are further tested by a doctor, and again if there is defect or doubt, they are referred for specialist advice after consultation with family doctors.

If parents or teachers of pupils of any other age are worried about the hearing, a medical examination, including pure tone audiometry if necessary, can be arranged.

The health of school children is very good, but of recent years two infections have become more common, though not particularly in this area; head lice and scabies. Both require close contact for spread, but the tendency of young people to grow long hair and to go about with arms about each others necks may cause it. Prevention requires scrupulous personal cleanliness.

Among the present hazards to life and limb, dangers on the road figure high in Western society. Some comparatively simple things could be done to lessen them. One would be the wearing of crash helmets by all motor cyclists and another, the wearing of seat belts by all motorists - all the time. It should be an automatic reaction to reach for the seat belt on getting into a car. Once having made this habit, it is easier to fasten the belt than not to do so. As with other beneficial habits such as cleaning the teeth every night, the aim should be to get the part of the brain which deals with repetitive action - the cerebellum - to take over, leaving the thinking part - the cerebrum - free for other things. It will readily do this if the action is consciously and invariably repeated over a number of occasions. As all smokers and ex-smokers know, one of the difficulties about stopping smoking is to break the habit.

There is ample evidence to show that wearing seat belts is safer than not wearing them, even on very short journeys. The thing that needs to be done is to wear them - always.

It may well be felt that in these Annual Reports I have written against cigarette smoking almost ad nauseam. Unfortunately, the problem is still so serious that it is necessary to mention it again. A quotation will suffice, from the Annual Report for 1971 of the Chief Medical Officer of the Department of Health and Social Security:-

"There has been a sustained reduction of 4 per cent in the number of cigarettes smoked and there are encouraging signs such as a substantial reduction in the opportunities for smoking in public transport. The same applies to some aeroplanes, including some of the British airlines. However, the gains are trivial compared with the enormity of the damage done to the health of smokers. It is true that there is a slight reduction in lung cancer death rates in younger men, but there is an increase at all ages in women. The average expectation of life of all British men is two years less than that of British non-smoking men. If cigarette smoking disappeared from Britain this two years would be gained over a period and smokers themselves would gain much more; but more importantly there would be less ill-health during life from such conditions as chronic bronchitis and early cardiovascular disease. The relatively short illness and quick death from lung cancer is potentially less distressing than the steadily extending disability of chronic bronchitis. The image of the cigarette smoker is cleverly and incessantly presented for commercial advantage. Cigarette smokers are presented as social, virile, romantic and athletic people. Yet the habit is offensive to half of the population, and dirty and dangerous to the other half who smoke. It is a pity we have not learned how to present the true facts which are far from attractive, with the same conviction."

Big changes are now imminent for Local Government and the National Health Service. Perhaps I may be allowed to repeat a quotation taken last year from the British Medical Journal and hope that the sentiment expressed will not be lost sight of:-

"If only we would combine the intimacy of the small and old with the scientific advance of the large and new."

It is a pleasure to thank once more the Chairman and Members of the Public Health Committee for their kindly interest and the staff of the department for their loyalty and conscientious work.

I remain, Ladies and Gentlemen,

Your Obedient Servant

G. R. HOLTBY

MEDICAL OFFICER OF HEALTH

SECTION 'A'

NATURAL AND SOCIAL CONDITIONS

Area - (in acres) 74,531. There are 33 parishes within the area which has its administrative centre at Acle. The major portion of the District is rural in character, Agriculture and Dairy Farming being the main industry. The District is a very popular summer resort catering for many thousands of visitors during the holiday season, the numbers increasing each year. It includes a large area of the Broads with many miles of pleasant inland waterways, and some of the best beaches in the country are to be found on its eight miles of coastline which extends from the boundary of Great Yarmouth northwards to Horsey.

Population - The Registrar General has estimated the population for the mid-year 1971 as 43,340 giving a population density of approximately .58 per acre.

SUMMARY OF VITAL STATISTICS

Area in acres	...	...	...	...	...	...	...	74,531
Population (Registrar-General mid-June estimate)	...							43,340
No. of Inhabited Houses (1971) according to Ratebook								17,323
Rateable Value	...	...	...	...	...	...	...	£1,458,988
Estimated Net Produce of 1p Rate	...	...	...	...	...	...	...	£14,400

LIVE BIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	306	303	609
Illegitimate	22	22	44
	<u>328</u>	<u>325</u>	<u>653</u>

Live Birth Rate per 1,000 of estimated resident population:-

Blofield and Flegg R.D.	Crude Birth Rate ..	15.1
	Standard Birth Rate ..	18.7
England and Wales	Standard Birth Rate ..	16.0

STILL BIRTHS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	2	4	6
Illegitimate	-	-	-
	<u>2</u>	<u>4</u>	<u>6</u>

Still Birth Rate per 1,000 total live and still births:-

Blofield and Flegg R.D.	..	..	..	..	..	..	9
England and Wales	..	..	..	..	..	..	12
Total live and still births	..	..	..	..	..	..	659

INFANT MORTALITY (Death of infants under one year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	7	5	12
Illegitimate	-	-	-
	<u>7</u>	<u>5</u>	<u>12</u>

Infant Mortality Rate per 1,000 live births:-

Blofield and Flegg R.D.	..	..	..	..	..	..	18
England and Wales	..	..	..	..	..	..	18

Infant Mortality Rate per 1,000 live births:-

Blofield and Flegg R.D.:	Legitimate	..	..	..	20
	Illegitimate	..	..	..	-

Infant Mortality - Neo Natal (first four weeks)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	6	3	9
Illegitimate	-	-	-
	<u>6</u>	<u>3</u>	<u>9</u>

Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)

..... 14.0

Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)

..... 11.0

Peri-natal mortality rate (still births and deaths of infants under one week of age)

..... 20.0

Illegitimate live births per cent of total live births..... 7.0

MATERNAL MORTALITY

Deaths associated with pregnancy, childbirth or abortion None

Maternal mortality rate per 1,000 live and still births Nil

DEATHS (all causes)

<u>Male</u>	<u>Female</u>	<u>Total</u>
289	303	592

Death rate per 1,000 of estimated resident population:-

Blofield and Flegg R.D.	Crude Death Rate	13.7
	Standard Death Rate	11.6
England and Wales	Standard Death Rate	11.6

Births		Rates per 1,000 Population	
Live Births		16.0	18.7
Still Births		12.0	9.0

Deaths

All causes (excluding Still Births)	11.6	10.1
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Infant Mortality

All causes under 1 year	18.0	18.0
Peri-natal mortality	22.0	20.0
Neo-natal mortality rate	12.0	14.0

Deaths from Cancer from 1966 to 1971

	1966	1967	1968	1969	1970	1971
No. of Deaths from Cancer	68	89	95	94	98	105
No. of Deaths all causes	556	557	617	568	571	592
% of total deaths due to Cancer	12.2	16.0	15.6	16.54	17.16	17.74

Cancer Deaths during last 6 years

Year	Male			Female		
	Total Deaths	Lung Cancer	Other Cancers	Total Deaths	Lung Cancer	Other Cancers
1971	289	29	30	303	3	48
1970	284	18	31	287	4	45
1969	254	18	30	312	3	15
1968	287	24	33	330	2	37
1967	269	17	27	288	4	41
1966	255	19	20	301	-	29

Deaths from Coronary Disease

	1966	1967	1968	1969	1970	1971
No. of deaths from Coronary disease	75	87	169	132	152	143
No. of deaths all causes	566	557	617	568	571	592
% of total deaths due to Coronary disease	13.6	15.6	25.8	24.47	26.6	24.15

Deaths from Coronary disease during last 6 years

Year	Male		Female	
	Total Deaths	Coronary-Angina	Total Deaths	Coronary-Angina
1971	289	78	303	65
1970	284	95	287	57
1969	254	67	312	72
1968	287	70	330	90
1967	269	16	288	41
1966	255	40	301	36

Individual Causes of Death

		<u>Male</u>	<u>Female</u>	<u>Total</u>
B4	Enteritis and other diarrhoeal diseases	-	1	1
B6(1)	Late effects of respiratory tuberculosis	1	1	2
B17	Syphilis and its sequelae	1	-	1
B18	Other infective and parasitic diseases	1	2	3
B19(1)	Malignant neoplasm, buccal cavity etc.	2	-	2
B19(2)	Malignant neoplasm, oesophagus	1	1	2
B19(3)	Malignant neoplasm, stomach	4	5	9
B19(4)	Malignant neoplasm, intestine	6	11	17
B19(5)	Malignant neoplasm, larynx	1	-	1
B19(6)	Malignant neoplasm, lung, bronchus	29	2	31
B19(7)	Malignant neoplasm, breast	-	9	9
B19(8)	Malignant neoplasm, uterus	-	1	1
B19(9)	Malignant neoplasm, prostate	4	-	4
B19(10)	Leukaemia	3	-	3
B19(11)	Other malignant neoplasms	11	15	26
B20	Benign and unspecified neoplasms	-	1	1
B21	Diabetes mellitus	1	4	5
B22	Avitaminoses, etc.	-	1	1
B46(1)	Other endocrine etc. diseases	2	2	4
B23	Anaemias	1	-	1
B46(2)	Other diseases of blood, etc	1	-	1
B46(3)	Mental disorders	2	7	9
B46(5)	Other diseases of nervous system	-	6	6
B26	Chronic rheumatic heart disease	3	3	6
B27	Hypertensive disease	6	4	10
B28	Ischaemic heart disease	78	65	143
B29	Other forms of heart disease	23	18	52
B30	Cerebrovascular disease	31	47	78
B46(6)	Other diseases of circulatory system	10	11	21
B31	Influenza	1	2	3
B32	Pneumonia	21	38	59
B33(1)	Bronchitis and emphysema	11	2	13
B33(2)	Asthma	-	2	2
B46(7)	Other diseases of respiratory system	4	9	13
B34	Peptic ulcer	2	1	3
B36	Intestinal obstruction and hernia	1	1	2
B37	Cirrhosis of liver	-	1	1
B46(8)	Other diseases of digestive system	2	5	7
B38	Neptritis and nephrosis	-	3	3
B39	Hyperplasia of prostate	1	-	1
B46(9)	Other diseases, genito-urinary system	1	2	3
B46(11)	Diseases of musculo-skeletal system	1	5	6
B42	Congenital anomalies	3	-	3
B43	Birth injury, difficult labour, etc.	2	2	4
B44	Other causes of perinatal mortality	2	-	2
B45	Symptoms and ill defined conditions	2	4	6
BE47	Motor vehicle accidents	6	3	9
BE48	All other accidents	4	6	10
BE49	Suicide and self inflicted injuries	1	-	1
BE50	All other external causes	2	-	2
<u>TOTAL ALL CAUSES</u>		<u>289</u>	<u>303</u>	<u>592</u>

NOTIFICATIONS OF DEATHS RECEIVED DURING YEAR 1971 ACCORDING TO AGE GROUPS

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 4 weeks	6	3	9
4 weeks and under 1 year	1	2	3
1 - 4	1	1	2
5 - 14	2	2	4
15 - 24	7	2	9
25 - 34	2	7	9
35 - 44	5	3	8
45 - 54	18	7	25
55 - 64	55	25	80
65 - 74	83	63	146
75 and over	109	188	297
	289	303	592

INFANT MORTALITY (Under one year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Infantile sudden death - cot death	1	-	1
Acute colitis; Congenital megacolon	1	-	1
Overwhelming infection - cot death	-	1	1
Bronchopneumonia; Gastro-enteritis	-	1	1
Cerebral Haemorrhage	1	-	1
Tertorial tear with intracranial haemorrhage. Small for dates.	-	1	1
Prematurity	1	1	1
Cyanotic congenital heart disease	1	-	1
Asphyxia neonatorum; Prematurity	-	1	1
Respiratory distress syndrome; Prematurity	1	1	2
Spina bifida; Congenital hydrocephalus	1	-	1
	7	5	12

VITAL STATISTICS OF THE DISTRICT FOR 1971, AND
PREVIOUS YEARS COMPARATIVE TABLE WITH ENGLAND AND WALES FOR THE
PAST FIVE YEARS

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
<u>Live Birth Rate (Standardised)</u> <u>per 1,000 population</u>					
England and Wales	17.20	16.90	16.30	16.00	16.00
Blofield and Flegg R.D.	17.47	18.00	19.20	17.00	18.70
<u>Still Birth Rate 1,000 total</u> <u>(live and still) births</u>					
England and Wales	14.80	14.30	13.00	13.00	12.00
Blofield and Flegg R.D.	9.65	9.00	13.00	13.00	9.00
<u>Death Rate (Standardised)</u> <u>per 1,000 population</u>					
England and Wales	11.20	11.90	11.90	11.70	11.60
Blofield and Flegg R.D.	9.45	10.50	9.80	9.50	10.10
<u>Infant Mortality Rate per</u> <u>1,000 Live Births</u>					
England and Wales	18.30	18.30	18.00	18.00	18.00
Blofield and Flegg R.D.	14.56	13.49	15.00	18.00	18.00

GENERAL PROVISIONS OF THE HEALTH SERVICES

Blofield and Flegg Rural District, together with Smallburgh Rural District and North Walsham Urban District, are combined to form No. 1 Area. The Norfolk County Council, acting under the National Health Service Act of 1946 and the National Assistance Act, 1948, provides the following services:-

Care of mothers and young children, Midwifery Service, Home Nursing, Vaccination and Immunisation, Prevention of Illness and Care and After Care of Sick Persons, Home Help Service, Mental Health Service and Welfare Service for the Aged.

Some details are given below.

NATIONAL HEALTH SERVICE ACT, 1946Care of Mothers and Young Children

This includes the provision of Child Health Clinics to which mothers of young children can come for advice and help. Clinics are held at villages on the day stated and the Health Visitor is in attendance at each clinic from 2 p.m. to 4 p.m. A Doctor attends all clinics where there is an average attendance of 25 or more.

Acle	Unionist Hall	Second Thursday each month.
Blofield	Margaret Harker Hall	Last Thursday each month.
Blofield Corner	Village Hall	Second Thursday each month.
Brundall	Memorial Hall	First Wednesday each month.
Caister	Parish Hall	Second and last Wednesday each month.
Cantley	Village Hall	Third Tuesday each month.
Hemsby	The Institute	Third Thursday each month.
Lingwood	Recreation Hall	Third Thursday each month.
Lt. Plumstead	Mission Room	First Thursday each month.
Martham	Church Room	Fourth Thursday each month.
Ormesby	Church Hall	Second Friday each month.
Thorpe (1)	Roxley	Last Thursday each month.
Thorpe (2)	Shakespeare Memorial Baptist Church Hall Witard Road	Every Tuesday (Doctor attends second and fourth Tuesday)

Other Treatment Centres are held weekly as follows:-

	Acle V.P. School	Caister Sec.Mod. School	Norwich Aspland Road	Thorpe Hillside Avenue C.P. School
Child Guidance Clinics	-	-	1	-
Dental Clinics	4	-	1	4
Speech Clinics	1	1	4	-

Vaccination and Immunisation

Information given by the County Medical Officer in respect of inoculations performed by General Practitioners and Public Health Medical Officers during the year in Area No. 1 are shown in the following tables:-

Table 1

Completed Primary Course

Type	Year of Birth				1964 - 1967	Others under 16	Total
	1971	1970	1969	1968			
Diphtheria	24	571	166	19	20	3	803
Whooping Cough	23	569	165	19	14	2	792
Tetanus	24	567	167	19	20	30	827
Poliomyelitis	19	608	169	17	20	6	839
English Measles	4	293	289	110	243	10	949
German Measles	-	-	-	-	-	780	780

Table 2

Reinforcing Doses

Diphtheria	30	58	16	843	69	1,016
Whooping Cough	29	55	14	57	4	159
Tetanus	32	60	23	863	852	1,830
Poliomyelitis	26	33	11	740	751	1,561

B.C.G. Vaccination

This protection against tuberculosis is offered to all 13 year old school children. In Area No. 1, 87% of parents gave their consent, 9% refused and 4% did not return forms.

The findings during the year were as follows:-

Number eligible	-	994
Number tested	-	794
Number positive	-	47
Number vaccinated	-	677
Tuberculin Index	-	6.5%

Laboratory Facilities

Facilities for Laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich.

National Assistance ,1948, Act, Section 47

There was only one case where action had to be taken under the above Act.

WATER SUPPLY

Mains Supplies

Up to April 1971 Blofield and Flegg Council was the water authority for 18 parishes in the centre of the District. On the 1st April these functions were transferred to the Norwich Undertaking along with additional areas in other Districts. Approximately two thirds of the area is now supplied by the Norwich City Water Department and the remaining third, being the eastern coastal area, is supplied by the East Anglian Water Company.

Prior to the transfer of the undertaking difficulties were being experienced in several parishes with a brown discolouration. The Engineer and Surveyor embarked upon a system of cleaning the mains by foam swabs, the work being completed by the new water undertakers after transfer. This work brought about a considerable improvement in the standard of water supply.

Private Supplies

There are still many properties in the more isolated areas served by wells and bores. Difficulties were experienced in the West Caister area where, following a dry summer, wells began to run dry. Samples were taken and it was found that bacteriologically these were not satisfactory and negotiations were still proceeding at the end of the year with a view to obtaining a mains supply.

Sewerage

Towards the end of 1971 two sewerage schemes were completed. In the Booty Road area of Thorpe St. Andrew the sewer was made available to 58 houses. Considerable difficulties had been experienced in this area and the majority of the premises were connected without delay.

The new sewage disposal works and sewerage scheme was provided for the parish of Acle but the advantages of this scheme will not be felt until 1972.

Sewerage (continued)

In May a commencement was made of the sewerage scheme for Strumpshaw and Lingwood together with the necessary extensions to the sewage disposal works at Brundall.

Although it can be seen that good progress has been made in the provision of sewers, the information given under Cesspool Emptying will indicate there has been no fall off in the demand for this service and it is, therefore, essential that the necessary additional sewerage schemes be continued expeditiously.

Wet Refuse

Throughout the year there was a weekly collection of wet refuse from premises using pail closets within the District. Two direct labour vehicles were in use, and the parish of Reedham was collected by private contract. There was a slight fall in the number of loads removed to 635 during the year. Towards the end of the year a concentrated effort began to deal with private houses which still had this outdated method of sewage disposal. It is felt that with the present Improvement Grants available, more properties should be modernised and owners are being approached and encouraged to take advantage of these facilities.

During the year one cesspool emptier with night cart attachment was ordered and delivered to commence work on the 1st January, 1972. It is anticipated that as the wet refuse service contracts, this vehicle will be able to be integrated into the cesspool emptying fleet.

Dry Refuse

There are at present 10 vehicles operating within the District with a total man power of 32 workmen. In addition labour is kept for tip maintenance and reserve. One 25 cu. yd. Dual Tip vehicle was delivered in January, 1971 and a further Compression vehicle was ordered for delivery in early 1972.

Heavy demands have been placed on the service during the peak holiday seasons with new developments in the coastal area in the form of self catering chalets predominating.

Dry Refuse (continued)

An annual growth in these areas together with the increased volume of refuse and packaging materials puts a very heavy strain on the service. Throughout the rest of the District there is a trend for the holiday season on the Broads to extend further into the Autumn.

Approval was given in principle during the year for the building of a new amenity block containing showers, drying rooms and a mess room at the Acle Depot. Plans were prepared and it is hoped that the building will be constructed at an early date. Consideration was also given to the provision of a new depot to replace the existing substandard premises at Ormesby and Martham. The greatest difficulty with regard to this was to find a suitable site. Investigations to this end were continuing.

In December the Council commissioned Local Authorities Management Services and Computer Committee to prepare a Productivity Bonus Scheme for the workmen employed in cleansing and sewage disposal. Surveys and timings for this work commenced in January, 1972.

Disposal continued to be by controlled tipping at Caister, Martham and Acle on tips owned by the Council, and at Strumpshaw on a privately owned tip. During the Winter months a small area of low marshland in the Village of Stokesby was covered with compressed refuse and the level raised by four to six feet. This has provided an amenity area for the village.

Discussions continued with Norwich City Council, St. Faith's and Aylsham Rural District Council and Forehoe and Henstead Rural District Council on the disposal of refuse from Norwich and the surrounding area. Although the final report was not to hand at the end of the year all the indications were that controlled tipping would be recommended as the most practical means in the foreseeable future. If such a scheme was adopted it would involve the use of the existing 34 acre gravel pit at Strumpshaw within the Blofield and Flegg Rural District.

Cesspool Emptying

Despite the continued sewerage of the District, the quantity of sewage removed from cesspools increased very slightly to 9,392,000 gallons. It is evident from this that demand is increasing in the non-sewered areas due to additional development and the increased use of water resulting from the modernisation of older dwellings and the greater use of washing machines etc.

Six vehicles continued to operate throughout the year and efforts were made to restrict the waiting period to a minimum. Disposal of cesspool contents continued into the open pit at Buckenham, and to a less extent at Rollesby. However, the use of the pit at Somerton was completely ended and most of the cesspool contents from the eastern part of the District were discharged into the sewer for the coastal area.

Rivers (Prevention of Pollution) Bye-Laws

Bye-laws which will be operated by the East Suffolk and Norfolk River Authority and come into operation on the 1st January, 1973, require that the motor cruisers operated throughout the Broads shall have toilet facilities which are incapable of discharging into the water. The introduction of these Bye-laws has placed upon boat owners the task of converting the existing toilets which flush direct into the rivers to a conservancy system capable of being discharged only to shore based facilities.

Throughout the year meetings were held between the Local Authorities involved and the Broads boat operators. Discussions took place on the methods of acceptance by Local Authorities into sewage disposal systems and quantities which could be treated. A working party representing boat owners and Local Authorities was established to determine the most acceptable type of closet which could be installed on the boats.

Public Conveniences

In the report for 1970 it was stated that the public conveniences serving the beach at Caister had been demolished and a new block was in the course of construction. This new block, situated closer to the beach, was completed in May, 1971.

Throughout the summer 12 blocks of conveniences were in use, but on completion of the holiday season the old conveniences situated in the Dunes at Hemsby were demolished and the site cleared. There is a relatively modern block close by.

No new conveniences were started during 1971 due in the main to the difficulty of obtaining sites and planning consent thereon.

Caravan Sites and Control of Development Act, 1960

There was no change in the number of licensed holiday caravan sites on the coast during the year, the number remaining at 23.

During the first week in August it is customary to count the number of caravans and tents in the area. In the case of caravans this showed only a slight variation from the previous year. Static holiday caravans numbered 4,216 as opposed to 4,202 whilst holiday touring vans fell in number by 85, to 571. The total number of units in the District was 4,806, a reduction of 66.

Once again a good standard was maintained on the sites in general, although a few complaints were received regarding the administration of one large site. These complaints required only informal action to effect a remedy.

Tent Sites

There was a substantial drop in the number of tents in the District during the first week of August, there being 1,267 as opposed to 1,654 in the previous year. This was very largely due to torrential rains over the weekend preceding the count.

A considerable percentage of the holiday makers were on sites which do not require a licence under Section 269 of the Public Health Act, 1936 as they do not operate for more than six weeks. Again it is necessary to emphasise the fact that this legislation is out of date and gives inadequate power for the proper control of such sites. Where areas of land are thrown open for concentrated use for tents there ought to be legislation more in keeping with the provisions of the Caravan Sites and Control of Development Act, 1960.

Swimming Pools

During the year one new swimming pool was constructed and opened to the public for general use. This means the number of pools in use, excluding schools, is thirteen.

The new pool proved immensely popular, so much so that the plant was incapable of dealing with the load placed upon it at peak periods, and some difficulty was experienced with clouding of the water. Consultations were held with the owners and machinery manufacturers with a view to effecting permanent improvements for future years, but it was necessary to close the pool for a short period and to restrict the hours of use.

In general samples showed that a good standard was maintained throughout the District.

Meat Inspection

Within the District there was one licensed slaughterhouse and details of the throughput are contained in Section 'D' of this Report.

A small percentage of the kill occurred outside office hours necessitating the attendance of the Inspectors in evenings and occasionally on Saturday mornings. Despite this 100% inspection was achieved.

Milk

There were 94 distributors registered with the Council, an increase of 3 over the previous year.

Offices, Shops and Railway Premises Act, 1963

There was a reduction of one in the number of premises registered under the above Act. There were no applications for exemptions and no accidents were reported.

The following table shows the number and the type of premises registered:-

<u>Type</u>	<u>Registered During the Year</u>	<u>Total at End of Year</u>	<u>No. Receiving General Inspection</u>
Offices	-	33	2
Retail Shops	-	161	84
Wholesale Shops and Warehouses	-	1	1
Catering Establishments and Canteens	-	46	33
Fuel Storage Depots	-	3	2
	-	244	122

Food and Drugs Act, 1955

During the year four premises were newly registered for the manufacture and sale of soft ice cream and a further four were registered for storage and sale of pre-packed ice-cream.

There is within the district one ice-cream factory and this continued to operate satisfactorily throughout the year.

Food and Drugs Act, 1955 (continued)

39 ice-cream samples were submitted from various premises for routine examination. 34 proved satisfactory but 3 were provisional grade IV and 2 were provisional grade III. These unsatisfactory samples were found to be due to inadequate procedures for sterilising serving apparatus and to incorrect use of newly installed machinery. Corrective action was taken following advice by the inspectors..

The work of securing improvement in stock control and rotation in food premises, begun in 1970, continued throughout 1971. It was found necessary to pay frequent visits to premises connected with the holiday industry as their trade varied considerably and there was a tendency to overstock. In addition frequent changes of proprietors and staff made continuity of control difficult.

Investigation (in an adjoining district) into a case of food poisoning on a Broads boat revealed that the hirers had eaten a pre-cooked chicken which had been delivered to the boat before their arrival. In many cases there are no adequate facilities available on boatyards for the storage of perishables. Shops supplying goods ordered in advance for holiday parties were therefore visited. The Inspectors pointed out the risks attached to too early delivery in summer temperatures and urged traders not to deliver perishables early, except to suitable, preferably refrigerated, storage.

Food Hygiene (General) Regulations, 1970

The general standard of hygiene in food premises in the district remained reasonably good and it was not necessary to resort to legal proceedings in order to secure compliance with the Regulations. One cafe established early in the year was far below the standard required and the owner, when presented with details of the works required, elected to close the premises. If registration had been a pre-requisite such a case could not have occurred.

The following list gives details of number of premises by type:-

Baker	4	Butcher	27
Cafe, hotel, restaurant	49	Confectioner	20
Grocer, greengrocer	149	Fish, wet and fried	24
Licensed premises, clubs	76	Manufacturers	2
Poultry packers	1		

(This does not include school kitchens)

Prevention of Damage by Pests Act, 1949

10,242 visits were made by the two rodent operators in 1971 and 7,780 of these were to domestic premises. No major infestations were found. Throughout the year the operators continued to treat the two hospital premises within the district in a satisfactory manner.

Supervisory visits continued with regard to cockroach control in these premises. The hospital authorities have themselves acquired equipment and control materials and there has been no serious reinfestation following the major efforts in 1970.

Poultry Inspection

There is still only one poultry processing plant in the district and this continued to operate in a satisfactory manner. Owing to commercial pressures the processing of live poultry has again decreased but the premises continue an extensive trade in game. The plant manager is responsible for inspection and the Council's staff make random checks and advise when called upon.

Only 100 turkeys and 200 capons were processed in the year but the premises dealt with some 19,000 game birds. None of the turkeys or capons was rejected as unfit for consumption.

Carcases and Offal inspected and condemned in whole or in part

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	4,195	155	30	3260	11,146	
Number inspected	4,195	155	30	3260	11,146	
<u>All diseases except Tuberculosis & Cysticerci</u>						
Whole carcases condemned.				16	59	
Carcases of which some part or organ was condemned.	786	83	19	91	1,529	
% of the number inspected affected with disease other than tuberculosis and cysticerci	18.73	53.54	63.33	3.28	14.24	
<u>Tuberculosis only</u>						
Whole carcases condemned.		1				
Carcases of which some part or organ was condemned.					308	
% of the number inspected affected with tuberculosis.		.64			2.76	
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned.	8					
Carcases submitted to treatment by refrigeration.	2					
Generalised and totally condemned						

SECTION 'E'

HOUSING

Council Houses

The following is a list of houses erected by the Council up to March, 1972:-

Pre-war	899
Post-war	1,248
Others	16
	<u>2,163</u>

At the 31st March, 1972 outstanding applications for Council house accommodation numbered 624.

There were 30 dwellings under construction in Martham.

Private Houses

As a result of action under the Housing Act, 1957 Demolition Orders were made in respect of 19 properties and Closing Orders in respect of 7 others. 5 properties which were the subjects of Demolition or Closing Orders were repaired and improved to the twelve point standard. Schemes for the renovation of two others were accepted.

A number of properties were repaired to a good standard as a result of informal action. This was achieved by consultation with owners, when applying for Improvement Grant and by survey of older properties.

Qualification Certificates

The following table gives details of applications for qualification certificates:-

Applications received	(qualification certificates)	35
	(provisional certificates)	4
Certificates issued	(qualification certificates)	32
	(provisional certificates)	2
Invalid applications		7

INFECTIOUS DISEASES

Measles

Eighty two cases of measles were notified during the year compared with 194 last year. Immunisation against this complaint is now readily available and there is no doubt that it is effective in reducing the incidence of the disease, which in an unmodified form is frequently associated with severe complications particularly those involving the ears and the chest, as well as encephalitis. It should also be emphasised that the vaccine in use now is a safe vaccine. Parents should be encouraged to arrange for their children to be immunised either by doctors from the Public Health Department or by general practitioners.

Whooping Cough

Eleven cases were notified compared with 14 last year. The complaint is now seldom a serious one and immunisation must be responsible for this improved situation. Children with a history of repeated convulsions, however, should not be given whooping cough immunisation although they can be immunised against diphtheria and tetanus.

Scarlet Fever

Sixteen cases were notified compared with 12 last year. Whilst scarlet fever itself is seldom a dangerous disease in this country, the germ which causes it is the haemolytic streptococcus and cannot be ignored, as both rheumatic fever and kidney disease can result from an infection which may be associated with a rash as in scarlet fever, but may merely cause a severe sore throat.

Food Poisoning

There were 5 cases of this complaint notified during the year compared with 14 last year.

Infective Jaundice

Twenty five cases were notified compared with 95 last year and 7 the year before. This complaint can be a most debilitating one and largely because of the long incubation period of about a month, it is very difficult to trace the source of any particular case.

C O R R I G E N D A

PAGE 22:-

The reference to immunisation should read:-

"(the triple injection) at 6 months, 8 months
and 14 months".

Dysentery (Sonne)

There were thirteen cases of sonne dysentery.

Immunisation Schedule

The schedule of immunisation in Norfolk County Council Child Health Clinics and Schools is now the following:-

Immunisation against whooping cough, diphtheria and tetanus (the triple injection) at 6 months, 8 months and 1 year. Poliomyelitis vaccine is given by mouth at the same time as those injections. The increased spacing of injections eliminates the need to give a boosting injection at 18 months to 2 years while retaining the same efficacy.

We carry out measles vaccination after first birthday. 'Booster' injections against diphtheria and tetanus with poliomyelitis immunisation by mouth are given at school entry and another tetanus injection and polio immunisation on leaving school.

Immunisation against tuberculosis or B.C.G. vaccination is carried out, after testing whether the individual child requires it, for third-year pupils at Secondary Schools.

Immunisation against rubella or German measles, is now carried out for 13 year old girls. The purpose of this immunisation is different from that of the others. The infection is not serious for the patient, but when it occurs in a pregnant woman damage may be caused to the foetal heart, eyes, ears or brain. Thus in this country immunisation is offered only to females and is preferably given before reaching child bearing age. It is not recommended after pregnancy has commenced.

Incidence of infectious diseases (excluding T.B.)
during the last five years

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Measles, excluding rubella	234	267	53	194	82
Dysentery, amoebic or bacillary	4	-	151	1	13
Scarlet Fever	39	18	8	12	16
Whooping Cough	36	1	2	14	11
Infective jaundice	6	6	7	95	25
Diphtheria	-	-	-	-	-
Tetanus	-	-	-	-	-
Acute meningitis	-	-	-	1	-
Acute encephalitis, infective	-	-	-	-	-
" " post infectious	-	-	-	-	-
Opthalmia neonatorum	-	-	-	-	-
Acute poliomyelitis, paralytic	-	-	-	-	-
" " non paralytic	-	-	-	-	-
Leptospirosis	-	-	-	-	-
Paratyphoid fever	-	-	-	-	-
Typhoid fever	-	-	-	-	-
Food Poisoning	1	4	2	14	5
Malaria	-	-	-	-	-
Plague	-	-	-	-	-
Cholera	-	-	-	-	-
Anthrax	-	-	-	-	-
Smallpox	-	-	-	-	-
Typhus Fever	-	-	-	-	-
Relapsing Fever	-	-	-	-	-
Yellow Fever	-	-	-	-	-

TUBERCULOSIS - NEW CASES NOTIFIED DURING 1971

	Respiratory		Meninges & C.N.S.		Other		Total
	Male	Female	Male	Female	Male	Female	
Under 5 years	-	-	-	-	-	-	-
5 to 14 years	-	-	-	-	-	-	-
15 to 24 years	-	-	-	-	-	-	-
25 to 44 years	-	1	-	-	-	-	1
45 to 64 years	-	-	-	-	-	-	-
65 years and over	-	1	-	-	-	-	1
Age unknown	-	-	-	-	-	-	-
	-	2	-	-	-	-	2

TUBERCULOSIS NUMBER OF CASES ON REGISTER AT END OF 1971

	Male	Female	Total
Pulmonary	112	105	217
Non Pulmonary	5	12	17
	117	117	234

DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS
(excluding Inward Transfers from other Districts)

		1967	1968	1969	1970	1971
Pulmonary	M	2	-	3	4	-
	F	-	3	3	2	2
Non Pulmonary	M	-	-	-	-	-
	F	-	1	1	2	-
		2	4	7	8	2

FACTORIES ACT, 1961

Part 1 of the Act

1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

	<u>Number on Register</u>	<u>Number of Inspections</u>	<u>Number of written notices</u>	<u>Number of Occupiers prosecuted</u>
(i) Factories in which sections 1,2,3,4, & 6 are to be enforced by Local Authorities	12	3	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities.	92	34	6	-
(iii) Other premises in which Section 7 is enforced by Local Authorities	15	8	-	-
	<u>119</u>	<u>45</u>	<u>6</u>	<u>-</u>

2. Cases in which DEFECTS were found:-

<u>Particulars</u>	<u>Found</u>	<u>Remedied</u>	<u>To H.M. Inspector</u>	<u>By H.M. Inspector</u>	<u>Number of cases in which prose- cutions were instituted</u>
Sanitary Conveniences (S7):					
(a) Insufficient	1	1	-	-	-
(b) Unsuitable or defective	8	7	-	-	-
	<u>9</u>	<u>8</u>	<u>-</u>	<u>-</u>	<u>-</u>

PART VIII OF THE ACT

OUTWORK - (SECTIONS 133 and 134)

<u>Nature of Work</u>	<u>No. of outworkers in August list required by Section 133</u>	<u>Section 133</u>		<u>Section 134</u>	
		<u>No. of cases of default in sending lists to the Council</u>	<u>No. of Prosecutions for failure to supply lists</u>	<u>No. of instances of work in unwholesome premises</u>	<u>Notices served</u> <u>Prose- cutions</u>
Wearing - (Making etc. (Cleaning and Apparel (Washing	15	-	-	-	-
Brush Making	-	-	-	-	-
Cosagues, Christmas Crackers, Christmas Stockings, etc.	6	-	-	-	-
21	-	-	-	-	-

